203879

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

I.	TYPE OF NOTI	FICATION (check one):	Original * Must inclu	Revised * X	Canceled DECET	√Courtesy		
1.	FACILITY INFO	* Must include copy of notification which is being revised at coff addition. FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)						
		County Commissioners			SEP 2	4 2016		
		93 N. Main St.		<u></u>	DeptofEnvironme			
	City: Crown I			State: IN	Stateor	Indiana		
	Contact: Bo					Zip:_10007		
	Removal Contractor: Northwest Indiana Environmental Inc			Telephone #: 219-755-3000 Demolition				
×) Morningside Dr.		Contractor:		•		
	City: Crown	Point State: IN	Zip: 46307	l .	State:			
			Phone: 219-743-9160	i	Phone:			
/	IN License#:	19A004777	Expiration: 5-2-17					
J		,		(Required for asbestos	projects at schools K - 1	2)		
	Inspector:_W	Inspector: William J. Burns						
	Address: 5400 East Ave.			Address:				
	City: Countryside State: IL Zip: 60525			I	State:			
	IN License #_ 192506101			IN License #:				
	Phone: 708-	182-8600	·	Phone:				
11.		ATION (check one)	Renovation:	X	Emergency Renovation	on:		
V.		tentional Burning: PRESENT? (check one)	Demolition: YES: X	NO:	Ordered Demolition:			
1.	PROCEDURES.	INCLUDING ANALYTICAL ME			SENCE AND AMOUNT OF AS	BESTOS MATERIAL		
	PLM (EPA 6	00/R-93/116)						
/I.	APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)							
		Regulated ACM to be removed		bestos Material emoved	Non-friable Asbestos Material Not to be removed before demoliti			
		AOM to be removed	Category I	Category II	Category I	Category II		
ipe s (LnFt)							
	Area (SqFt)	1100 Fireproofing						
	olume (CuFt) Components							
II.	SCHEDULED DA	ATES OF ASBESTOS STRIPPI	ING/REMOVAL: Start	10-13-16	End: 11-13-16	<u> </u>		
111.			Start: End		LITION: Start:	End:		
<u></u>	FACILITY DESC	RIPTION (Including building n	ame, floor, and room number	er)				
	Building Name: Lake County Government Bldg							
	Street Addres	s:_2293 N. Main St						
	City: Crown F			State: IN	County: 46	307 Kake		
		Fir	st Floor Women's Staff	Bathroom				
	Location of re	movai waain bullaing: • 11						
		(SqFt): 40,000		#	of Floors: 3	Age: 40		

CS+36982

Х.	DESCRIPTION OF PLANNED TYPE OF MATERIALS REMO	D DEMOLITION OR RENOVATION WORK, N OVED	METHODS/TECHNIQUES TO BE USED. AFFE	ECTED FACILITY COMPONENTS AND
	-			
XI.	INCLUDING ASBESTOS STR BECOMING FRIABLE IN THE	RIPPING, REMOVAL AND WASTE HANDLING IE COURSE OF THE PROJECT:	S TO BE USED TO PREVENT EMISSIONS OF IG PROCEDURES TO PREVENT NON-FRIAE	FASBESTOS AT THE SITE; BLE ASBESTOS MATERIAL FROM
	Work area contained w	with 6 ml Poly and Negative Air. 3 Cl	hamber decon unit.	
	Wetting and scraping	techniques.	· · · · · · · · · · · · · · · · · · ·	
	ACMs will be placed	l in sealed and labeled disposal bags	s	
		rted by certified waste hauler to state		
XII.	MATERIAL BECOMES CRUM	DURES TO BE FOLLOWED IN THE EVENT TH MBLED, PULVERIZED, OR REDUCED POWD Ind label area, contact project supen		R PREVIOUSLY NON-FRIABLE ASBESTOS
		to an our contract program pro	71301	
				·
XIB.	WASTE TRANSPORTER		XIV. WASTE DISPOSAL SITE	
	Name: Republic Services	s and/or GMI Waste, Mike Troxel	Name: Newton County LF	F / Waste Mngt Laraway
	Address: 885 Wheeler St	Land/or 10769 Broadway	Address: 2266 E. 500 Sou	uth / Joliet, IL
	City: Crown Point	State: IN Zip: 46307	citur Brook s	tate: IN Zip: 47922
	Contact: Mike Egizio	Phone: 815-774-3969		Phone:
XV.	FACILITY IS NOT INSPECTED	ED PRIOR TO DEMOLITION. THE DEBRIS MI	HE AGENCY BELOW AND ATTACH A COPY UST BE KEPT ADEQUATELY WET. THE DEE RACM AND DISPOSED OF APPROPRIATELY	BDIS BUIST THEN BE INCOCOTED ACTED
	Name:	Title:	Date o	ordered to begin:
	Authority:		Date o	of Order:
XVI.	FOR EMERGENCY RENOVAL	ATIONS:	Date and time of emergency:	
	Description of sudden, unexper		рате анд шпе от ещезуенсу	
		Side Great		
	Explanation of how the event of	caused unsafe conditions or would cause equip	ipment damage:	·
- 0.70				
XVII.	SUPERVISORS, TO IMPLEME INDIANAPOLIS AIR POLLUTIC	ENT THIS ASBESTOS PROJECT, WHICH HAVI	CORRECT AND THAT I WILL ONLY USE INDIA /E BEEN TRAINED IN 326IAC 14-10; 40 CFR PA IE TRAINED INDIVIDUAL(S) ALONG WITH EVI G ACTUAL WORKING HOURS.	ARTAL SUPPARTMENTS IE ADDITIONE E
	Lake County Commissi	sioners Lucia Chian	9-24-16	
	Owner/operator (signature)		date Representative/Centered	
	Nada Critser Owner/operator (printed)		Representative/Contract	tor
*****	**********************	· ************************************		· ************************************
POSTM	//ARK:	RECEIVED:	REVIEWED BY:	DEFICIENCIES
				A DEL TOTE TOTE OF

202812

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS State From 44593 (R2 / 8-99)

	THE OF NO	TFICATION (check one):	Original * Must incli	Revised * X ude copy of notification which	Canceled	Courtesy RECEIVED —		
17.	State of Indiana							
	OwnerLak	e County Commissioner	s			AUG 2 4 2016		
	Address: 22	93 N. Main St.						
	City: Crown	Point		State: IN Dept of Environmental Manage Office of Air Quality 7in; 46307				
	Contact: Bo	b Rehder			219-755-3000			
×	Removal Contractor: Northwest Indiana Environmental Inc			Demolition Contractor:				
	Address: 66	0 Morningside Dr.		Address:				
	City: Crown	Point State: IN	Zip: <u>46307</u>	1		Zip:		
	Contact: Nac	da Critser	Phone: 219-743-9160	í		one:		
	IN License #	19A004777	Expiration: 5-2-17	<u></u>		r r and the contract		
/	Inspector. W	/illiam J. Burns		(Required for asbestos Project Designer:				
	Address: 54	00 East Ave.		Project Designer:Address:				
	City: Country	/side State: IL	Zip: 60525	Į.				
	IN License #:	192506101	Expiration: 3-21-17	City:				
	Phone: 708-	482-8600		Phone:	сър	madon		
111.		RATION (check one)	Renovation:	X	Emergency Re	enovation:		
IV.		RESENT? (check one)	Demolition: YES: X	NO:	Ordered Demo	Dition:		
V.	PROCEDURES PLM (EPA 6	. INCLUDING ANALYTICAL MI 00/R-93/116)	ETHODS, IF APPROPRIATE.		SENCE AND AMOUNT	OF ASBESTOS MATERIAL		
VI.	APPROXIMATE	AMOUNT OF ASBESTOS (Inc	cluding Regulated ACM, Cate	egory I non-friable Category II	non-friable ACM)			
		Regulated ACM to be removed	Non-friable Asi	bestos Material Non-friable Asbestos Material emoved Not to be removed before demoliti				
			Category I	Category II	Category I	Category II		
Pipes (L		1100 Fireproofing	<u> </u>					
Total Vo	lume (CuFt)	1100 Fireproofing						
	omponents							
VII. VIII.		ATES OF ASBESTOS STRIPPI ATES OF RENOVATION: 5	NG/REMOVAL: Start: End:	9-29-16	End: 10-29			
IX.		RIPTION (Including building n			.IT/ON: Start:	End:		
	Building Name: Lake County Government Bldg							
	Street Address: 2293 N. Main St.							
	City: Crown F	oint	s	tate: IN	Count	y: 46307 Lake		
	Location of rea	noval within building: Firs	st Floor Women's Staff	Bathroom				
	Building Size (SqFt): 40,000		#	of Floors: 3	Age: 40		
	Present Use: Government Offices Prior use:							

199851

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Х.	DESCRIPTION OF PLANNE TYPE OF MATERIALS REM	IED DEMOLITION OR RENOVA MOVED	TION WORK, ME	ETHODS/TE	CHNIQUES TO BE US	SED, AFF	ECTED FACILITY C	OMPONENTS AND	
XI.	BECOMING FRIABLE IN TH	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:							
	Work area contained	Work area contained with 6 ml Poly and Negative Air. 3 Chamber decon unit.							
	Wetting and scraping	j techniques.							
	ACMs will be placed	d in sealed and labeled d	disposal bags						
		orted by certified waste h							
XII.	MATERIAL BECOMES CROS	DURES TO BE FOLLOWED IN T UMBLED, PULVERIZED, OR RE	EDUCED POMDE	ER:	CTED ASBESTOS IS F	OUND OF	R PREVIOUSLY NOI	N-FRIABLE ASBESTOS	
		and label area, contact pr						·	
									
XIII.	WASTE TRANSPORTER			XIV.	WASTE DISPOSAL S	SITE			
1		es and/or GMI Waste, Mil	ike Troxel	1	Name: Newton Co		- / Waste Mngt I	_araway	
	Address: 885 Wheeler St	6t.and/or 10769 Broadwa	. <u>y</u>		Address: 2266 E. 5				
ĺ	City: Crown Point	State: IN Z	zin- 46307	l .	City: Brook	Ę	IN	47922	
		Phone: 815-774	1		Contact:			Zip: 4/922	
XV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).								
İ			mark.		TO SEE OF AFTROM			H 326 IAU 14-10-1(b).	
							of Order:		
XVI.	FOR EMERGENCY RENOVA	ATIONS:			Date and time of emerg	oency:			
İ	Description of sudden, unexpe	Description of sudden, unexpected event:							
	Explanation of how the event	Explanation of how the event caused unsafe conditions or would cause equipment damage:							
ı									
XVII.	INDIANAPOLIS AIR POLLUTIO	HE INFORMATION IN THIS NOT ENT THIS ASBESTOS PROJECTION CONTROL BOARD REGUL LL BE AVAILABLE AT THE JOB	FI, WHICH HAVE B LATION 14 THE T	BEENTRAIN	NED IN 326IAC 14-10; 4	44 AFD B 4			
	Lake County Commiss	sioners			8-24-16				
	Owner/operator (signature) Nada Critser	^ .			date				
	Nada Critser Wood Owner/operator (printed)	un Criber			Representative/C	Contract	.or		
*****	********	**************************************	OFFICEUSEONL	ILY ******	*****************************	*******	**************************************	*************	
POSTM	MARK:	RECEIVED:		REVIEWE	ED RY:	w	DEFICIENCIES		

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

	TYPE OF NOT	IFICATION (check one):	Original * Must incl	Revised * X ude copy of notification which	Canceled h is being revised	Courtesy			
I.	FACILITY INF	ORMATION (identify owner, r		on contractor, inspector, and p					
	Owner: Lake County Commissioners								
	Address: 2293 N. Main St.								
	City: Crown	Point		State: IN		Zip: 46307			
	Contact: Bo	b Rehder		Telephone #: 219-755-3000					
	Removal Contractor:_	Northwest Indiana Enviro	onmental Inc	Demolition Contractor:					
	Address: 66	0 Morningside Dr.		Address:					
	City: Crown	Point State: IN	Zip: 46307	l .	State:				
	Contact: Nac	da Critser	Phone: 219-743-9160	!	Phone:				
	IN License #	19A004777	Expiration: 5-2-17						
	Inspector_W	filliam J. Bums		(Required for asbestos projects at schools K – 12)					
	Address:_54	00 East Ave.		Project Designer: Address:					
,	City: Country	/side State: IL	Zip; 60525						
		192506101			State:				
	Phone: 708-			1	Expiration	:			
		RATION (check one)	Renovation:	Phone:	Emergency Renovation	An:			
V. 1		stentional Burning:	Demolition:		Ordered Demolition:				
· ·	PROCEDURES	PRESENT? (check one) INCLUDING ANALYTICAL ME 00/R-93/116)	YES: X ETHODS, IF APPROPRIATE.	NO: USED TO DETECT THE PRE	SENCE AND AMOUNT OF AS	BESTOS MATERIAL			
(I	APPROXIMATE	AMOUNT OF ASBESTOS (Inc	luding Regulated ACM. Cat	egory I non-friable Category II	non-friable ACM)				
		Regulated ACM to be removed	Non-friable As	bestos Material removed	Non-friable As	bestos Material d before demolition			
			Category I	Category II	Category I	Category II			
ipes (Ln									
Total Volu	rea (SqFt) ume (CuFt) mponents	1100 Fireproofing							
	SCHEDULED DA	ATES OF ASBESTOS STRIPPI	NG/REMOVAL: Start	: 8-29-16	End: 9-29-16				
ll. s		·	Start: End			End:			
	CHEDOLED D.	FACILITY DESCRIPTION (Including building name, floor, and room number)							
II. s		RIPTION (Including building n	and room number						
111. <u>s</u> (. F	ACILITY DESC	Lake County Governm							
/III. <u>\$</u> (. F E	FACILITY DESC Building Name Street Addres	e: Lake County Governm s: 2293 N. Main St.							
	FACILITY DESC Building Name Street Addres City: Crown F	e: Lake County Governm s: 2293 N. Main St.	nent Bldg	State: IN	County: 46	307			

Present Use: Government Offices

X.	DESCRIPTION OF PLANNE TYPE OF MATERIALS REM	ED DEMOLITION OR RENOVATION WORK, IOVED	METHODS/TECHNIQUES TO BE USED, AFF	FECTED FACILITY COMPONENTS AND
XI.	BECOMING FRIABLE IN TH	PRACTICES AND ENGINEERING CONTROLI TRIPPING, REMOVAL AND WASTE HANDLIN HE COURSE OF THE PROJECT: with 6 ml Poly and Negative Air. 3 C	LS TO BE USED TO PREVENT EMISSIONS ON PROCEDURES TO PREVENT NON-FRIA	OF ASBESTOS AT THE SITE; ABLE ASBESTOS MATERIAL FROM
	Wetting and scraping			
	ACMs will be placed	d in sealed and labeled disposal bag	js	
	ACMs will be transpo	orted by certified waste hauler to stat	ite approved landfill.	
XII.	MATERIAL DECOMES CRUM	DURES TO BE FOLLOWED IN THE EVENT THUMBLED, PULVERIZED, OR REDUCED POWE and label area, contact project super		R PREVIOUSLY NON-FRIABLE ASBESTOS
XIII.		es and/or GMI Waste, Mike Troxel St.and/or 10769 Broadway	XIV. WASTE DISPOSAL SITE Name: Newton County LI Address: 2266 E. 500 So	F / Waste Mngt Laraway
	City: Crown Point Contact: Mike Egizio	State: IN Zip: 46307 Phone: 815-774-3969	city:_Brooks	State: IN zip: 47922
XV.	IF DEMOLITION CROERED E	BY A GOVERNMENT AGENCY, IDENTIFY THE PERPIS MA	THE AGENCY BELOW AND ATTACH A COPY TUST BE KEPT ADEQUATELY WET. THE DE RACM AND DISPOSED OF APPROPRIATEL	Y OF THE ORDER TO THIS FORM. IF THE
	A1			ordered to begin:
l	Authority:			of Order:
XVI.	FOR EMERGENCY RENOVA	ATIONS:	Date and time of emergency:	
ı	Description of sudden, unexpe	acted event:		
	Explanation of how the event of	caused unsafe conditions or would cause equi	ipment damage:	
XVII.	INDIANAPOLIS AIR POLLUTIO	ENT THIS ASBESTUS PROJECT, WHICH HAV	CORRECT AND THAT I WILL ONLY USE INDIA VE BEEN TRAINED IN 326IAC 14-10; 40 CFR PA HE TRAINED INDIVIDUAL (S) ALONG WITH EV IG ACTUAL WORKING HOURS.	ADTO CHOMADYLI LUMBER DE LOUIS DE LO
	Lake County Commiss Owner/operator (signature)	•	6-28-16 date	
	Nada Critser Owner/operator (printed)		Representative/Contractive/Con	otor
******	*************	•******* OFFICEUSE C		**************************************
POSTMA	ARK:	RECEIVED:	REVIEWED BY:	DEFICIENCIES;